

1.) CORPORATION NAME:

**xG Health Solutions, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1921131**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6750 ALEXANDER BELL DR  
STE 200

CITY/ST/ZIP: COLUMBIA, MD 21046

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RAY HERSCHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6750 ALEXANDER BELL DR. STE 200		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME:	WILLIAM CHATTERTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	6750 ALEXANDER BELL DR. STE 200		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME:	EARL STEINBERG, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/DIRECTOR		
ADDRESS:	6750 ALEXANDER BELL DR. STE 200		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME:	DANIEL J. CONNORS, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/SECRETARY		
ADDRESS:	6750 ALEXANDER BELL DR. STE 200		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME:	ANDREW ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6750 ALEXANDER BELL DR. STE 200		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM ALEXANDER DIRECTOR 6750 ALEXANDER BELL DR STE 200 COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN LAMONT DIRECTOR 6750 ALEXANDER BELL DR STE 200 COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT POOLE DIRECTOR 6750 ALEXANDER BELL DR. STE 200 COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN STEELE MD PHD DIRECTOR 6750 ALEXANDER BELL DR STE 200 COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM CHATTERTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM CHATTERTON, CFO/TREASURER PRINTED NAME AND CORPORATE TITLE	2/21/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			